

MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Applicants' Name: _____

Date: _____

Business Owner: _____ SS#: _____

Type of Business: _____

Period Covered: _____ to _____

Reported Income: _____

I declare that this information is true. Maryland has a fraud law. I can be punished for not telling the truth when applying for assistance to pay home energy costs.

Applicant Signature: _____ Date: _____

I have reviewed the applicant's self-employment documentation (circle all that apply) books/statements, ledgers sales slips, cancelled checks, invoices, bank statements/deposits, purchase orders or cash receipts.

Worker Signature: _____ Date: _____